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Bib Data Sheet

CONFIRMATION NO. 1128

SERIAL NUMBER 09/484,809	FILING DATE 01/18/2000 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. 4204.3-US
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APPLICANTS

Julio J. Santos-Munne, Glenview, IL;

Rony A. Abovitz, Hollywood, FL;  
William F. Tapia, Longwood, FL;

\*\* CONTINUING DATA \*\*\*\*\*

Provisional

60/116, 128 Filed

1/15/99

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/15/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials				

ADDRESS

23559  
MUNSCH, HARDT, KOPF & HARR, P.C.  
INTELLECTUAL PROPERTY DOCKET CLERK  
1445 ROSS AVENUE, SUITE 4000  
DALLAS , TX  
75202-2790

TITLE

Apparatus and method for measuring anatomical objects using coordinated fluoroscopy

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

SERIAL NUMBER 09/484,809	FILING DATE 01/18/2000 RULE	CLASS 378	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 4204.3-US
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APPLICANTS

Julio J. Santos-Munne, Glenview, IL ;  
Rony A. Abovitz, Hollywood, FL ;  
William F. Tapia, Longwood, FL ;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 03/15/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	9	10	5
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

23559

TITLE

Apparatus and method for measuring anatomical objects using coordinated fluoroscopy

FILING FEE RECEIVED 488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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